

MAIL APPLICATION TO:
State of Louisiana
Louisiana Economic Development Corp.
Post Office Box 94185
Baton Rouge, LA 70804-9185

INFORMATION COPY ADDRESS:
John Neely Kennedy, Treasurer
Office of the State Treasurer
Post Office Box 44154
Baton Rouge, LA 70804-0154

APPLICATION/AGREEMENT BETWEEN THE LOUISIANA STATE TREASURER, LOUISIANA ECONOMIC DEVELOPMENT CORPORATION AND AN ELIGIBLE LENDING INSTITUTION FOR A LINKED DEPOSIT

THE LENDING INSTITUTION WILL ATTACH TO THIS APPLICATION A COPY OF THE INSTITUTION'S LOAN APPLICATION FOR THE BORROWER, RELEVANT BUSINESS FINANCIAL INFORMATION USED IN THE DECISION TO MAKE THE LOAN, AND A ABUT FOR≅ STATEMENT IF APPLICABLE.

Name of Bank: _____

Name of Business: _____

Address: _____ ; Parish: _____

Employer Tax ID#: _____ ; Date established _____ ; Telephone #/FAX #: _____

Principals/Guarantors: _____

Address: _____

Soc. Sec. #: _____ ; Telephone #/FAX #: _____

Headquarters Address (if different from above): _____

Location of offices and/or operating facilities in Louisiana: _____

Does the firm/person qualify for a small business Linked Deposit loan? _____

Principal business activity in Louisiana?: _____ ; Business SIC/NAICS _____

Is this business organized for profit? _____

Name(s) of substantial stockholders (20% or more), if a corporation: _____

Amount of loan requested/granted: _____

Purpose of loan: _____

Term of loan from: _____ to _____

Term of Linked Deposit requested: _____

Amount of linked deposit requested: _____

Type/category of request (see program rules § 7303 A1thru 4): _____

Does a Abut for≅ statement, signed by the loan officer, accompany this application? Yes. No. (Circle one)

Number of employees: _____

Number of employees that are Louisiana residents: _____

Number of jobs to be created in the state as a result of this loan: _____ Lender initials: _____
(attach list of job titles)

Interest rate on loan without benefit of a linked deposit (in %): _____ ; with approval of this request (in %): _____

Does this firm, any of its owners, borrowers, or substantial stockholders (over 20%) currently have any other linked deposit loans approved/ applied for/ or expired within one (1) year of the date of this application? _____

Lender Certification.

The eligible lending institution hereby certifies that all conditions required in order qualify for a linked deposit under the Small Business Linked Deposit program with the State of Louisiana have been met. Specifically:

The lending institution certifies that the named business is an eligible small business, that all usual lending standards have been utilized in determining the creditworthiness of the eligible business, that the interest rate stated herein is the present borrowing rate for the named eligible business and that this loan is not made for the benefit of any officer or director of this lending institution.

The lending institution certifies that all usual lending standards have been applied to determine the creditworthiness of each eligible business. The lending institution certifies that it has not and will not charge, levy or collect any loan application fee, processing fee, or other charges other than its normal loan application fee, processing fee, or other charges when handling a link deposit application.

The lending institution will adhere to necessary requirements in the administration of these deposits including conditions regarding collateral, interest rates and terms. If the lending institution fails to pledge securities or if the securities pledges shall be unsatisfactory to secure the deposit, the Treasurer may declare the deposit, interest earned thereon, or any part thereof, to become immediately due and payable, notwithstanding any agreement or contract to the contrary.

The lending institution acknowledges that the Certificate of Deposit made in conjunction with this linked deposit loan is in no way considered pledged to the lending institution in the event of loan default. Any certificate of deposit entered into as a result of this program may be terminated early without penalty if the original loan is terminated early or if the terms of the loan are altered prior to the termination of the loan.

BANK: _____

By: _____
(Signature)

ADDRESS: _____

(Typed or printed name/title of bank loan office)

Contact Person: _____

Phone Number: _____

The eligible business named above hereby certifies that the funds conserved because of this reduced rate loan will be used exclusively to create new jobs and employment opportunities in Louisiana, and that the above information is true and correct.

(Signature)

(Typed or printed name/title of business representative)

FOR OFFICIAL USE ONLY

Date received: _____

Statistical Employment Area: High Unemployment _____; Low Unemployment _____

Louisiana Economic Development Corporation Approved: _____ Disapproved: _____ Date: _____

Resource Services Director Signature

Staff Signature

Treasurer Approved: _____ Disapproved: _____ Date: _____

Effective Term of Deposit from: _____ to _____
Treasurer=s Signature

RENEWAL 1: Ln Bal: _\$ _____ * Link Amt Renewed _\$ _____ * Ln Off Signature _____ *
(* - Loan Officer
Employees Original Application _____ * ; # Employees This Renewal _____ * complete these)

Date received: _____

Statistical Employment Area: High Unemployment _____; Low Unemployment _____

Louisiana Economic Development Corporation Approved: _____ Disapproved: _____ Date: _____

Resource Services Director Signature

Staff Signature

Treasurer Approved: _____ Disapproved: _____ Date: _____

Effective Term of Deposit from: _____ to _____
Treasurer's Signature

Rev. 12/01
RENEWAL 2: (Abut for statement accompanies original application)

Ln Bal: \$ _____ * Link Amt Renewed \$ _____ * Ln Off Signature _____ *
Employees Last Renewal _____ * ; # Employees This Renewal _____ * (* - Loan Officer complete these)

Date received: _____
Louisiana Economic Development Corporation Approved: _____ Disapproved: _____ Date: _____

Resource Services Director Staff Signature
Treasurer Approved: _____ Disapproved: _____ Date: _____

Effective Term of Deposit from: _____ to _____
Treasurer's Signature

RENEWAL 3: Ln Bal: \$ _____ * Link Amt Renewed \$ _____ * Ln Off Signature _____ *
Employees Last Renewal _____ * ; # Employees This Renewal _____ * (* - Loan Officer complete these)
Date received: _____
Louisiana Economic Development Corporation Approved: _____ Disapproved: _____ Date: _____

Resource Services Director Staff Signature
Treasurer Approved: _____ Disapproved: _____ Date: _____

Effective Term of Deposit from: _____ to _____
Treasurer's Signature

RENEWAL 4: Ln Bal: \$ _____ * Link Amt Renewed \$ _____ * Ln Off Signature _____ *
Employees Last Renewal _____ * ; # Employees This Renewal _____ * (* - Loan Officer complete these)
Date received: _____
Louisiana Economic Development Corporation Approved: _____ Disapproved: _____ Date: _____

Resource Services Director Staff Signature
Treasurer Approved: _____ Disapproved: _____ Date: _____

Effective Term of Deposit from: _____ to _____
Treasurer's Signature